

## Address Change Request

Complete all sections of this form and submit it to the Board at the address below. Separate mailing addresses and/or post office boxes will not be accepted unless you hold an inactive license or the post office does not deliver mail to your practice address. If your local post office does not provide delivery, you must provide the Board with verification in writing of this fact from the post office. The Board will not accept telephone requests for address changes. If you are requesting a replacement license, please send a \$25.00 processing fee (check or money order) and return your old licenses with this form to the Board.

			License Number: DC
Name:	Last	First	Middle
Previous Practice Address:	Number	Street	
	City	State	Zip Code
New Practice Address:	Number	Street	
	City	State	Zip Code
Work Telephone Number: (      )			
Effective Date for New Address:			

**Replacement License** (see instructions above)

Check the Yes box if you are requesting a replacement license:

☐ Yes, provide me with a new replacement license.  
The \$25.00 fee is enclosed.

☐ No, do not provide me with a replacement license.

### AFFIDAVIT

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date